

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Katherine Baltz

Mailing Address Suite 101

5 Saint Vincent Circle

City

Little Rock

State

AR

Zip Code

72205-5415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY594135

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Rachel Benator

Mailing Address Suite B

1025 E 3300 S

City

Salt Lake City

State

UT

Zip Code

84106-4389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1423145

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Michelle Berger

Mailing Address Building 4 Suite 205

4100 Duval Road

City

Austin

State

TX

Zip Code

78759-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJB81608012

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....